

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25754</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Brenda</u> <u>S</u> <u>McKibben</u> P O Box Bldg Room No if any _____ Street <u>2601 S Purdue</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> ZIP Code + 4 <u>73128 5809</u>	4 Name, file number, and address of labor organization Name <u>National Postal Mail Handlers Local 324</u> Labor Organization File Number <u>512-138</u> P O Box Building and Room Number if any _____ Street <u>2601 S Purdue</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> ZIP Code + 4 <u>73128-5809</u>
5 Position in labor organization <u>Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Brenda S McKibben

On 5-16-06
Date

405-680-9430
Telephone Number

Name of Person Filing Brenda McKibben	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input type="text" value="First Health"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="3200 Highland Avenue"/></p> <p>City <input type="text" value="Downers Grove"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60515"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11 a Nature of such dealing</p> <p>a Administrator of health plan</p> <p>b Over \$1 billion</p> <p>11 b Approximate dollar value of such dealing <input type="text"/></p> <p>12 a Nature of interest held or income received</p> <p>Welcome package \$25 00</p> <p>Breakfast x 2 \$50 00</p> <p>Lunch X 2 \$50 00</p> <p>Supper x 3 \$150 00</p> <p>12 b Amount <input type="text" value="\$275"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input type="text"/></p>